

1020872



# Bayer CropScience

June 29, 2009

Document Processing Desk 6(a)(2)  
Office of Pesticide Programs (7504P)  
U. S. Environmental Protection Agency  
Room S-4900, One Potomac Yard  
2777 South Crystal Drive  
Arlington, VA 22202-4501

**RE: 6(a)(2) Incidents Accumulated for the Month of May 2009**

Dear Sir/Madam:

Reportable incidents accumulated for the month of May 2009 for Bayer CropScience and Bayer Environmental Science are attached.

Bayer CropScience  
RTP  
P.O. Box 12014  
RTP, NC 27709  
Tel 919 549-2000

The information with this letter is being submitted to the EPA pursuant to the Agency's interpretation of requirements imposed on registrants by Section 6(a)(2) of FIFRA. This information may not constitute additional factual information regarding unreasonable adverse effects within the meaning of 6(a)(2). It is being submitted to enable the Agency to make its own assessment of the information.

If you have questions or concerns, please do not hesitate to contact me at any time.

Sincerely,

Gerret Van Duyn  
Compliance Manager  
State Regulatory and Documentation Services  
919-549-2914

CC: Susan Sutherland, CA Department of Pesticide Regulation  
Jeanine Broughel, NY Department of Environmental Conservation

/attachment

# \*Personal privacy information\*

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## Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date. 6/29/09	Contact person (if different than reporter)	Internal ID 471044
	Address [REDACTED]		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Staunton, VA USA 05/08/2009</i>	Date registrant became aware of incident. <i>05/12/2009</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>72155-80</i>	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s) <i>Beta-Cyfluthrin, sodium o-phenylphenate</i>	A.I. (s)		A.I. (s)
	Product 1 name <i>Home Pest plus Germ Killer Indoor &amp; Outdoor Killer RTU (24 oz)</i>	Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution? <i>NA</i>	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation <i>Liquid</i>	Formulation		Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

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Brief description of incident circumstances.

*Jurovich, Melissa May 12 2009 1:24PM*

*Hx: Caller stated that as she was spraying the product around her windows on Friday some wind blew some of the product into her face and she accidentally inhaled some of it. Caller stated that she developed a cough and some minor respiratory irritation. She is still experiencing these s/sxs but now feels like she has fluid in her lungs and is wheezing from time to time.*

*A: Informed caller that some minor respiratory irritation is possible if the product is directly inhaled but these s/sxs are expected to subside on their own within a few hours. Rec. seeking MD consult since the s/sxs are persisting. Gave caller case number. C/B prn.*

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Demographic information: Age: <i>33 Year(s)</i> Sex: <i>Female</i> Occupation (if relevant) <i>NA</i>	Exposure route: <i>Inhalation/Respiratory</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>None Reported</i>
If female, pregnant? <i>NO</i>	Was exposure occupational? <i>Not indicated</i> If yes, days lost due to illness: <i>NA</i>	Time between exposure and onset of symptoms: <i>Sporadic onset of multiple symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>Private MD/DVM-unknown disposition</i>	List signs/symptoms/adverse effects <i>Respiratory-Cough/choke</i> <i>Respiratory-Respiratory irritation</i> <i>Respiratory-Wheezing</i>	If lab tests were performed, list test names and results (If available, submit reports) <i>None Reported</i>	
Exposure data: <i>NA</i> Amount of pesticide: <i>NA</i> Exposure duration: <i>Acute &lt; 8hrs</i> Patient weight: <i>Unknown</i>			
Human severity category: <i>HC</i>			
This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)			
			Internal ID # <i>471044</i>